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CHICAGO, ILLINOIS 60601-6780

TELEPHONE: (312) 616-5600

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(312) 849-0495 (G4)**FACSIMILE COVER SHEET**

DATE: MAY 28, 2003

NUMBER OF PAGES (INCLUDING  
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TIME: 12:49 PM

YOUR REFERENCE:

OUR REFERENCE: 218499

TO: EXAMINER ALI IMAM  
GROUP ART UNIT: 3737

TELEPHONE NUMBER: (703) 305-0028

FACSIMILE NUMBER: (703) 308-0758

FACSIMILE NUMBER - DIRECT: (703) 746-3343

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\* \* \* COMMUNICATION RESULT REPORT ( MAR. 7. 2003 4:35PM ) \* \* \*

TTI LEYDIG VOIT &amp; MAYER

TRANSMITTED/STORED MAR. 7. 2003 4:30PM  
FILE MODE OPTION

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TELEPHONE: (312) 616-5600

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(312) 849-0495 (G4)**FACSIMILE COVER SHEET**

DATE: MARCH 7, 2003

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TIME: 10:25 AM

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OUR REFERENCE: 218499

TO: EXAMINER ALI IMAM  
GROUP ART UNIT: 3737TELEPHONE NUMBER: (703) 305-0028  
FACSIMILE NUMBER: (703) 308-0758

703 746-3343

FROM: MARK JOY

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FORM PTO-1083

PATENT

Attorney Docket No. 218499

Date: March 7, 2003

In re Application of: Glover et al.  
 Application No. 09/869,637  
 Filed: January 15, 2002  
 For: Ultrasonic Visualization Systems

COMMISSIONER FOR PATENTS  
 Washington, D.C. 20231

Sir:

Transmitted herewith is a response to an office action in the subject application.

☐ Applicants claim small entity status of this application under 37 CFR 1.27.

☒ Petition for Extension of Time

☒ Applicants petition for a two-month extension of time under 37 CFR 1.136, the fee for which is \$410.00

☐ Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

☒ No additional claim fee is required.

☐ Other:

The claim fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDIT. CLAIM FEE	RATE	ADDIT. CLAIM FEE
TOTAL	10	MINUS	20	=0	x 9=	\$	x 18=	\$0.00
INDEPENDENT	2	MINUS	3	=0	x 42=	\$	x 84=	\$0.00
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM				+ 140=	\$	+ 280=	\$
					TOTAL	\$	TOTAL	\$0.00

☒ Please charge my Deposit Account No. 12-1216 in the amount of \$110.00. A duplicate copy of this sheet is attached.

☐ A check in the amount of \$ is attached.

☒ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

LEYDIG, VOIT &amp; MAYER, LTD.

Leydig, Voit & Mayer, Ltd.  
 Two Prudential Plaza, Suite 4900  
 180 North Stetson  
 Chicago, Illinois 60601-6780  
 (312) 616-5600 (telephone)  
 (312) 616-5700 (facsimile)

By   
 Mark Joy, Reg. No. 35,562

Amendment or ROA Transmittal (Revised 12/31/02)

Received from &lt; &gt; at 5/28/03 1:51:51 PM [Eastern Daylight Time]

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In re Appln. of Glover et al.  
Application No. 09/869,637

### CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this RESPONSE TO OFFICE ACTION (along with any documents referred to as attached or enclosed) is being transmitted by facsimile to the United States Patent and Trademark Office, Attention: Examiner Ali M. Imam, Art Unit 3737, Facsimile Number (703) 308-0758, on the date indicated.

Date:

3-7-03 ✓

Tony Harris  
(Typed or printed name of person transmitting)

Tony Harris  
(Signature of person transmitting)

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